



TOWN OF WATERTOWN
149 Main Street, Watertown, MA 02472
Tel: 617-972-6480 Fax: 617-926-7778

Office Use Only
Permit # _____

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

To The Inspector of Wires:

By this application, the undersigned gives notice of his or her intention to perform the electrical work described below:

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date _____

Location (Street & Number) _____

Owner or Tenant _____

Owner's Address _____

Is this permit in conjunction with a building permit Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building _____ Utility Authorization No. _____

If residential dwelling, No. of Units _____

Existing Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work _____

No. of Recessed Luminaires _____	No. of Ceiling-Suspended (Paddle) Fans _____	No. of Transformers _____ Total KVA _____
No. of Luminaire Outlets _____	No. of Hot Tubs _____	Generators _____ KVA _____
No. of Luminaires _____	Swimming Pool: Inground _____ Above ground _____	No. of Emergency Lighting Battery Units _____
No. of Receptacle Outlets _____	No. of Oil Burners _____	Fire Alarms - No. of Zones _____
No. of Switches _____	No. of Gas Burners _____	No. of Detection and Initiating Devices _____
No. of Ranges _____	No. of Air Cond. _____ Total Tons _____	No. of Alerting Devices _____
No. of Waste Disposers _____	Heat Pump Totals: Number _____ Tons _____ KW _____	No. Self-Contained Detection/Alerting Devices _____
No. of Dishwashers _____	Space/Area Heating KW _____	Local _____ Municipal Connection _____ Other _____
No. of Dryers _____	Heating Appliances _____ KW _____	*Security Systems: No. of Devices or Equivalent _____
No. of Water Heaters _____ KW _____	No. of Signs _____ No. of Ballasts _____	Data Wiring: No. of Devices or Equivalent _____
No. Hydromassage Bathtubs _____	No. of Motors _____ Total HP _____	Telecommunications Wiring: No. of Devices or Equivalent _____
OTHER: _____		

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES ☐ NO ☐ I have submitted valid proof of same to this office. YES ☐ NO ☐ If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE ☐ BOND ☐ OTHER ☐ (Please Specify) _____ (Expiration Date) _____

Estimated Value of Electrical Work \$ _____ (When required by municipal policy) Attach add'l detail if required by Insp. Of Wires

Work to Start _____ Inspection Date Requested: Rough _____ Final _____

Signed under the penalties of perjury:

FIRM NAME _____ LIC. NO. _____

Licensee _____ Signature _____ LIC. NO. _____

Address _____

Bus. Tel. No. _____ Alt. Tel. No. _____ Fax No. _____

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: Lic. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner ☐ Agent ☐ (Please check one)

APPLICATION FEE _____

Check # _____

*** BEFORE CHANGING ANY SERVICE OR ANY METER WORK, PLEASE NOTIFY N-STAR FOR SERVICE DROP, METER LOCATION & AUTHORIZATION# TEL # 1-888-633-3797 ***

TOWN OF WATERTOWN
149 Main St., Watertown, MA 02472
ELECTRICAL FEE SCHEDULE

Telephone: (617) 972-6480
Fax: (617) 926-7778

EXISTING DWELLING SERVICE

INDUSTRIAL/COMMERCIAL

Initial Fee	20.00	Initial Fee	40.00
\$25 per \$1,000 or part of up to \$5,000. (Then)		\$30 per \$1,000 or part of up to \$5,000. (Then)	
\$10 per \$1,000 over \$5,001.		\$10 per \$1,000 over \$5,001.	
Residential/Industrial/Commercial:		Annual Permits	125.00
Occupancy Permit Fee	25.00	Re-inspection.....	25.00
Re-inspection	25.00	Prepaid to Town	
Single Appliance replacement.....	20.00	<i>Non-access to site for inspection will require re-inspection fee</i>	
Electrical Work Siding	20.00		
Minor repairs.....	20.00		
Off hour shutdown 1-4 hour standby	200.00		

CHAPTER 143, GENERAL LAWS

Section 3L. Regulations relative to electrical wiring and fixtures; notice of electrical installation.

No person shall install for hire any electrical wiring or fixtures subject to this section without first or within five days after commencing the work giving notice to the Inspector of Wires appointed pursuant to the provisions of section thirty-two of chapter one hundred and sixty-six. Said notice shall be given by mailing or delivering a permit application form prepared by the Board, to said inspector. Any person failing to give such notice shall be punished by a fine not exceeding five hundred dollars. This section shall be enforced by the inspector of wires within his jurisdiction and the State Examiners of Electricians.

Fee doubled if permit not filed in a timely manner.

Official Use for Electrical Inspector

Report of Inspector of Wires

Entered into GEO ☐ (check)

Rough _____ Final _____

Service Conduit Size

Job Final _____

Service Conductor Size

Notes: _____

Service SwitchAmps

Notified NSTAR:

Date _____

Who Notified _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Watertown Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk **4. Electrical Inspector** 5. Plumbing Inspector

6. Other _____

Contact Person: George Pizzuto, Electrical Inspector Phone #: 617-972-6480